

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 0431
City St. Louis (No. 5630, Pamplin Place St. Ward)

28371
7525

2. FULL NAME

Michael Fischer
(a) Residence, No. 5630 Pamplin Ave. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Fischer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce
10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME William Fischer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger

15. MAIDEN NAME Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger

17. INFORMANT (ADDRESS) Mrs. Ann. Stiermann
5630 Pamplin Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel Church DATE Sept. 2 1933

19. UNDERTAKER (ADDRESS) Deiderichsen Funeral Home
1936 St. Louis

20. FILED 1933 J. P. Bredeck Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1933, to Aug 30 1933
I last saw him alive on Aug 30 1933. Death is said to have occurred on the date stated above, at 5:40 p.m.
The principal cause of death and related causes of importance were as follows:

Nephritis (Chronic)

Other contributory causes of importance

Senility

Name of operation none Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Wm. H. Thompson M. D.

(Address) 2908 E. 13th St. St. Louis

SEP 26 1933

